

Attorney

ket No.: M0459/7018 DW

UTILITY PATENT APPLICATION TRANSMITTAL ly for new nonprovisional applications under 3

TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

MΟ	459/7018 DW	0,
Attorney Docket No. M0459/7018 DW Application Identifier		
M0459/7018		99/
Express Mail Label No.		C80
Date of Deposit		
	Appl M	M0459/7018

	ADDRESS Box Patent Application Commissioner for Patents Washington, DC 20231				
1. Fee Fransmittal Form	 6. ☐ Microfiche Computer Program (Appendix) 7. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. ☐ Computer Readable Copy b. ☐ Paper Copy (identical to computer copy) c. ☐ Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. ☐ Assignment Papers/cover sheet & documents(s) 9. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney 10. ☐ English Translation of Document (if applicable) 11. ☐ Information Disclosure Statement PTO-1449 ☐ Copies of IDS Citations 12. ☐ Preliminary Amendment 13. ■ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. ☐ Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired 15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed) 				
16. Other: This application claims priority from co-pending provisional U.S. Patent Appln. Ser. No. 60/155, 077 filed September 21, 1999.					
the state of the s					
17. If a CONTINUING APPLICATION, check appropriate the Continuation ☐ Divisional ☐ Continuation	-in-part (CIP) of prior application No.:				
	he prior application before calculating the filing fee.				
☐ Amend the specification by inserting before t	the first line the sentence:				
This application is a \square continuation \square divisional of application serial no. , filed , entitled , and now .					

18. CORRESPONDENCE ADDRESS						
Correspondence address below						
ATTORNEY'S NAME	David Wolf, Reg. No. 17,528					
NAME	Wolf, Greenfield & Sacks, P.C.					
ADDRESS	600 Atlantic Avenue					
CITY	Boston	STATE	МА	ZIP	02210	
COUNTRY	USA	TELEPHONE	(617) 720-3500	FAX	(617) 720-2441	

19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	David Wolf, Reg. No. 17,528		
SIGNATURE	Daudwoef		
DATE	September 21, 2000		